

## Changes to Louisiana 2006 Nonresident Generic Record Layout

In addition to the IRS Changes the IT-540B Louisiana Changes will be:

IRS Field	Identification	Louisiana Changes
IRS 0330	e. Qualifying Dependent's First Name - #4	<b>DELETED</b> Length = 10
IRS 0330	e. Insurance Company Name	<b>ADDED</b> Length = 15
IRS 0330	f. Qualifying Dependent's Last Name - #4	<b>DELETED</b> Length = 15
IRS 0330	f. Insurance Policy Number	<b>ADDED</b> Length = 15 <b>Special Characters NOT Allowed</b> (space, /, -)
IRS 0330	g. Filler	<b>DELETED</b> Length = 5
IRS 0745	Numeric Field 80	<b>NO ENTRY</b>
IRS 0750	Numeric Field 81	<b>NO ENTRY</b>
IRS 0785	Numeric Field 88 Amount of Insurance Assessment Refund (Schedule F-NR, Line9)	<b>ADDED</b>
IRS 0600	Numeric Field 51 Education Credit Amount Code 099 (Schedule G-NR, Line 5)	<b>NEW</b> <b>\$25 per dependent child in school</b>
IRS 0050	a. Preparer SSN/PTIN	<b>REQUIRED</b>
IRS 0050	b. Preparer EIN	<b>REQUIRED if applicable</b>
IRS 0200	LA Schedule H-NR, Line 1	LA Schedule H-NR, Line 1 on <b>IRS 0605</b>
IRS 0320	g. Credit Card Payment Ind	<b>NEW</b>
IRS 0320	h. IT-540B Line 25 farmer check box	<b>ADDED</b>
IRS 0320	i. Filler	Changed to 4
IRS 0325	c. Child Care Provider's Name - #1	<b>NEW</b> <b>Refundable Child Care Credit Worksheet*</b>
IRS 0325	d. Child Care Provider's Name - #2	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0325	e. Qualifying Dependent's First Name - #1	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0325	f. Qualifying Dependent's Last Name - #1	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	a. Qualifying Dependent's First Name - #2	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	b. Qualifying Dependent's Last Name - #2	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	c. Qualifying Dependent's First Name - #3	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	d. Qualifying Dependent's Last Name - #3	<b>NEW</b> Refundable Child Care Credit Worksheet*

IRS 0330	e. Qualifying Dependent's First Name - #4	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	f. Qualifying Dependent's Last Name - #4	<b>NEW</b> Refundable Child Care Credit Worksheet*
IRS 0330	g. Filler	<b>Changed to 4</b>
IRS 0375	Child Care Credit Carried Fwd to 2006	<b>DELETED</b>
IRS 0375	Every Field beginning with IRS 0375 is renumbered	<b>RENUMBERED</b>
IRS 0430	Refundable Child Care Credit Qualified Expense (Line 15A1)	<b>NEW</b>
IRS 0435	Refundable Child Care Credit Amount (Line 15A2)	<b>NEW</b>
IRS 0600	Federal Adjusted Gross Income (*FITDC Line 1A & 1B)	<b>ADDED</b>
IRS 0605	Federal Itemized Deduction (**FITDC Line 2A)	<b>ADDED</b> Same as Schedule H, Line 1
IRS 0650	Form 1040, Line 45 or Recomputed AMT (**FITDC Line 7B)	<b>ADDED</b> Same as Schedule H, Line 4
IRS 0670	Subtract Line 9B from Line 8B or Federal 1040, Line 57 (**FITDC Line 10B)	<b>ADDED</b>
IRS 0680 through IRS 0755	(2) Care Providers Zip, SSN/EIN, Amount Paid (4) Qualifying Persons SSN, Expenses paid (Refundable Child Care Credit Worksheet)	<b>NEW</b> See Refundable Child Care Credit Worksheet below
IRS 0655 through IRS 0730 And IRS 0755 through IRS 0810	Form R-210NR (UTP) <b>Not Deleted:</b> <b>Exceptions for Periods 1 - 4</b>	<b>DELETED</b>
IRS 0760 through IRS 0775	Exceptions for Periods 1 - 4 (LA Form R-210NR UTP)	<b>MOVED from</b> <b>IRS 0735 through IRS 0750</b>

**\*Refundable Child Care Credit Worksheet** – will allow more than 2 Care Providers and 3 qualified dependents **only** if can take the Federal Child Care Credit (Form 2441/Schedule 2)

**\*\*FITDC** - Federal Income Tax Deduction Computation Worksheet

\*\*\***Total Taxpayer Retirement Income** - Print pension and annuity income you received and reported on federal Form 1040, Lines 15b and 16b, OR federal Form 1040A, Lines 11b and 12b)

\*\*\***Total Spouse Retirement Income** - Print pension and annuity income your spouse received and reported on federal Form 1040, Lines 15b and 16b, OR federal Form 1040A, Lines 11b and 12b)

**Louisiana Department of Revenue**  
**Electronic Filing Record Layout**  
**Nonresident and Part-Year v3**  
**Tax Year 2006**  
**FINAL – 10/20/06**

2006 Form IT-540B to Generic IRS Federal/State Record			
Field	Identification	Length	Description
	<b>Byte Count</b>	<b>4</b>	<b>Value "2753"</b>
	Start of Record Sentinel	4	Value "*****"
IRS 0000	Record ID Type	6	"ST000000"
IRS 0001	Form Number	6	"000100"
IRS 0002	Page Number	5	"PG010"
IRS 0003	Taxpayer ID Number	9	N (Primary Taxpayer's SSN)
IRS 0004	Filler	1	Blank
IRS 0005	Form/Schedule Number	7	N Value "0000001"
IRS 0010	State Code	2	A Value "LA"
IRS 0011	City Code	2	A (Reserved for Future Use)
<b>IRS 0015</b>	<b>Imperfect Return Indicator</b>	<b>1</b>	<b>A Value "E" or blank</b>
IRS 0019	State-Only-Indicator	2	"SO" (State Only return data)
IRS 0020	Declaration Control Number (DCN)	14	N Assigned by Filer
	a. 2 Digit Number	2	N Value "00"
	b. EFIN of Originator	6	N
	c. Batch Number	3	N (000-999)
	d. Serial Number	2	N (00-99)
	<b>e. Year Digit</b>	<b>1</b>	<b>N Value "7"</b>
IRS 0023	Return Sequence Number	16	N <b>Required</b> (Same as 1040 RSN)
	a. ETIN of Transmitter	5	N
	b. Transmitter Use Field	2	N
	c. Julian Date of Transmission	3	N
	d. Transmission Sequence Number	2	N (01-99)
	e. Sequence Number of Return	4	N (0001-9999)
IRS 0024	Direct Deposit/Debit Ind	1	1= State Direct Deposit 2= State Direct Debit Blank = No State Direct Dep/Debit
IRS 0025	Reserved-RTN-Flag	1	No Entry
IRS 0027	Direct Debit Date	8	N YYYYMMDD
IRS 0028	Direct Debit Amount	12	N
IRS 0030	State-Routing Transit Number	9	N Blank = No State DD or Debit
IRS 0032	State-RTN-Indicator	1	N 0 = No State RTN Present 1 = State RTN IS on FOMF 2 = State RTN NOT on FOMF
IRS 0035	State-Deposit/Debit Account Number	17	AN (Left Justified) Blank = No State DD or Debit

IRS 0040	State Checking Account	1	"X" or Blank
IRS 0048	State Savings Account	1	"X" or Blank
IRS 0049	On-Line State Return	1	A "O" = On-Line Blank = Return not On-Line
IRS 0050	State Numeric Area	27	N
	a. Preparer SSN/PTIN	9	N or PNNNNNNNN <b>Required if applicable</b>
	b. Preparer EIN	9	N <b>Required if applicable</b>
	c. Preparer Zip	5	N
	d. Preparer Zip + 4	4	N (Left Justified, zero filled, No hyphen)
IRS 0052	State Alphanumeric Area	93	AN
	a. Mailbox ID	5	AN ETIN # <b>Required</b>
	b. Preparer Firm Name	35	AN
	c. Preparer Address	30	AN
	d. Preparer City	20	AN
	e. Preparer State	2	AN
	f. Preparer Self-Empl Ind	1	AN
IRS 0055	Spouse's SSN	9	N
IRS 0060	Name Line 1	35	AN <b>Required</b> Special Allowable Characters are Ampersand (&), Hyphen (-), and Slash (/)
	a. Primary Last Name	32	AN <b>Required</b>
	b. Primary Suffix	3	AN
IRS 0062	Date of Death Primary	8	N YYYYMMDD
IRS 0065	Name Line 2	35	AN Special Allowable Characters are Ampersand (&), Hyphen (-), and Slash (/)
	a. Secondary Last Name	32	AN
	b. Secondary Suffix	3	AN
IRS 0068	Date of Death Secondary	8	N YYYYMMDD
IRS 0070	Name Line 3	35	AN Special Allowable Characters are Ampersand (&), Hyphen (-), and Slash (/)
	a. Primary First Name	16	AN <b>Required</b>
	b. Primary Middle Initial	1	AN
	c. Secondary First Name	16	AN
	d. Secondary Middle Init	1	AN
	e. Filler	1	Blank
IRS 0074	In C/O Addressee	35	AN Special Allowable Characters
IRS 0075	Address Line 1	35	AN <b>Required</b> Special Allowable Characters are Ampersand (&), Hyphen (-), and Slash (/)
IRS 0077	Foreign Street Address	35	AN
IRS 0080 LA	Address Line 2	35	AN Special Allowable Characters are Ampersand (&), Hyphen (-), Slash (/), and (%)
IRS 0085	City	22	AN
IRS 0087	Foreign City State or Province	35	AN

IRS 0090	City Code	5	No Entry
IRS 0095	State Abbreviation	2	A
IRS 0098	Foreign Country	22	A
IRS 0100	ZIP Code	12	N (Left justified, zero filled)
IRS 0105	County/Parish	20	No Entry
IRS 0110	Parish Code	5	No Entry
IRS 0115	Telephone Number	12	AN
IRS 0120	Primary TP Signature	5	N PIN use Only
IRS 0125	Spouse Signature	5	N PIN use Only
IRS 0126	ERO EFIN/PIN	11	N
IRS 0150 LA	Federal Filing Status	1	N <b>Required</b> Valid codes: (1,2,3,4,5)
IRS 0155	Total Federal Exemptions	2	N <b>Required</b>
IRS 0160	Wages, Salaries, Tips	12	N <b>Required</b>
IRS 0165	Taxable Interest	12	N Optional Entry
IRS 0170	Tax Exempt Interest	12	N Optional Entry
IRS 0175	Dividends	12	N Optional Entry
IRS 0180	State Refund	12	N Optional Entry
IRS 0185	Taxable Social Security Benefits	12	N Optional Entry
IRS 0190	Keogh Plan and SEP Deductions	12	N Optional Entry
IRS 0195	Adjusted Gross Income	12	N Required
IRS 0200	Standard/Itemized Deductions	12	N <b>Required</b>
IRS 0205	Earned Income Credit	12	N Optional Entry
IRS 0300	Alphanumeric Field 1	80 (total)	AN
	a. Software Developer Code	10	AN <b>Required</b>
	b. Paid Preparer Name	31	AN
	c. Preparer Phone Number	10	AN
	d. Non-paid Preparer	13	AN
	e. Preparer State EIN	16	AN
IRS 0305 LA	Alphanumeric Field 2	80 (total)	AN
	a. Type of Form Indicator	1	A "N" – Nonresident "P" – Part-Year Resident
	b. Amended Return Indicator	1	A "A" = Amended Return " " = Not Amended
	c. Filler	1	BLANK
	d. 65 or Over Exemption	1	A "P" = Primary Taxpayer "S" = Spouse or Secondary "B" = Both " " = None
	e. Blind Exemption	1	A "P" = Primary Taxpayer "S" = Spouse or Secondary "B" = Both " " = None

IRS 0305 LA (CONT.)	f. Change of Name or Address Indicator	1	A "N" = Name "A" = Address "B" = Both " " = No Change
	g. Number of Louisiana Dependents	2	N (Right Justified)
	h. Number of Louisiana Exemptions	2	N (Right Justified)
	i. Disabled Taxpayer Credit	1	A "D" = Deaf "B" = Blind "M" = Mentally Incapacitated; "L" = Loss of Limb " " = None
	j. Disabled Spouse Credit	1	A "D" = Deaf "B" = Blind; "M" = Mentally Incapacitated; "L" = Loss of Limb " " = None
	k. Total Number of Disabled Dependent Credits	2	N (Right Justified)
	l. Dependent's Name 1	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	m. Dependent's Name 2	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	n. Dependent's Name 3	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	o. Dependent's Name 4	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	p. Dependent's Name 5	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	q. Filler	1	Blank

IRS 0310 LA	Alphanumeric Field 3	80 (total)	AN
	a. Dependent's Name 6	13	AN Dependent's First Name and Dependent's Last Name if Different than Taxpayer's Last Name
	b. Disabled Dependent's Name 1	13	AN Disabled Dependent's First Name and Disabled Dependent's Last Name if Different than Taxpayer's Last Name
	c. Disabled Dependent's Name 2	13	AN Disabled Dependent's First Name and Disabled Dependent's Last Name if Different than Taxpayer's Last Name
	d. Disabled Dependent's Name 3	13	AN Disabled Dependent's First Name and Disabled Dependent's Last Name if Different than Taxpayer's Last Name
	e. Credit for Disabled Dependent(s) (Deaf)	1	A "D" or Blank
	f. Credit for Disabled Dependent(s) (Loss of Limb)	1	A "L" or Blank
	g. Credit for Disabled Dependent(s) (Mentally Incapacitated)	1	A "M" or Blank
	h. Credit for Disabled Dependent(s) (Blind)	1	A "B" or Blank
	i. Filler	24	N Blank



IRS 0315 LA	Alphanumeric Field 4	80 (total)	AN
	a. Name of Partnership (Resident, Line 15E)	20	AN Only 1 Partnership Allowed
	b. Filler	60	BLANK
IRS 0320 LA	Alphanumeric Field 5	80 (total)	AN
	a. Head of Household Qualifying Person	13	AN Head of Household Qualifying Person's name must be included when the person cannot be claimed on LA IT-540B, Line 6C.
	b. IT-540B Line 10A disaster Ind	1	A "X" or Blank
	c. Taxpayer or Preparer e-mail address	50	AN
	d. Extension Date	8	N "YYYYMMDD" IRS Extension Date
	e. Not Required to Filed Federal Return Ind	1	A "X" or Blank
	f. Consumer Use Tax Ind	1	A "X" or Blank
	g. Credit Card Payment Ind	1	A "X" or Blank
	h. IT-540B Line 25 farmer check box	1	A "X" or Blank
	i. Filler	4	Blank
IRS 0325	Alphanumeric Field 6	80(total)	AN
	a. Taxpayer Date of Birth	8	N "YYYYMMDD" Required
	b. Spouse Date of Birth	8	N "YYYYMMDD" Required
	c. Care Provider's Name - 1	19	AN
	d. Care Provider's Name - 2	19	AN
	e. Qualifying Dependent's First Name - 1	10	A
	f. Qualifying Dependent's Last Name - 1	15	A
	g. Filler	1	Blank
	Alphanumeric Field 7	80(total)	AN
	a. Qualifying Dependent's First Name - 2	10	A
IRS 0330	b. Qualifying Dependent's Last Name - 2	15	A
	c. Qualifying Dependent's First Name - 3	10	A
	d. Qualifying Dependent's Last Name - 3	15	A
	e. Insurance Company Name	15	A
	f. Insurance Policy Number	15	A Do not allow Special Characters...Ampersand (&), Hyphen (-), Slash (/) or space

IRS 0350 LA	Numeric Field 1 Federal Adjusted Gross Income (Line 7)	12	N If less than zero, enter zero
IRS 0355 LA	Numeric Field 2 Louisiana Income (Line 8)	12	N
IRS 0360 LA	Numeric Field 3 Ratio of Louisiana Income to Federal Adjusted Gross Income (Line 9)	12	N
IRS 0365 LA	Numeric Field 4 Federal Income Tax (Line 10A)	12	N
IRS 0370 LA	Numeric Field 5 Allowable Federal Income Tax Deduction (Line 10B)	12	N
IRS 0375 LA	Numeric Field 6 Louisiana Net Income (Line 11)	12	N
IRS 0380 LA	Numeric Field 7 Louisiana Income Tax (Line 12)	12	N
IRS 0385 LA	Numeric Field 8 Federal Child Care Credit (Line 13)	12	N
IRS 0390 LA	Numeric Field 9 Other Nonrefundable Tax Credits (Line 13A)	12	N
IRS 0395 LA	Numeric Field 10 Amount of Nonrefundable LA Child Care Credit Carried Fwd from Previous Years (Line 13B)	12	N
IRS 0400 LA	Numeric Field 11 Nonrefundable Louisiana Child Care Credit (Line 13C)	12	N
IRS 0405 LA	Numeric Field 12 Total Nonrefundable Tax Credits (Line 13D)	12	N
IRS 0410 LA	Numeric Field 13 Adjusted Louisiana Income Tax (Line 14A)	12	N If less than zero, enter zero
IRS 0415 LA	Numeric Field 14 Consumer Use Tax (Line 14B)	12	N

IRS 0420 LA	Numeric Field 15 Total (LA Income Tax + Consumer Use Tax) (Line 14C)	12	N
IRS 0425 LA	Numeric Field 16 Refundable Louisiana Child Care Credit (Line 15A)	12	N
<b>IRS 0430 LA</b>	<b>Numeric Field 17 Refundable Child Care Credit Qualified Expense Amount (Line 15A1)</b>	<b>12</b>	<b>N Refundable Child Care Credit Worksheet, Line 3</b>
<b>IRS 0435 LA</b>	<b>Numeric Field 18 Smallest of Refundable Child Care Credit (Line 15A2)</b>	<b>12</b>	<b>N Refundable Child Care Credit Worksheet, Line 6</b>
IRS 0440 LA	Numeric Field 19 Other Refundable Credits from Schedule F-NR, Line 10 (Line 15B)	12	N
IRS 0445 LA	Numeric Field 20 Amount Tax Withheld for 2006 (Line 15C)	12	N
IRS 0450 LA	Numeric Field 21 Amount Credit Carried Forward from 2005 (Line 15D)	12	N
IRS 0455 LA	Numeric Field 22 Amount Paid By A Composite Partnership Filing (Line 15E)	12	N Only 1 Partnership Allowed
IRS 0460 LA	Numeric Field 23 Composite Partnership's FEIN (from Line 15E)	12	N Only 1 Partnership Allowed (fill with leading zeros)
IRS 0465 LA	Numeric Field 24 Amount of Estimated Payments (Line 15F)	12	N
IRS 0470 LA	Numeric Field 25 Amount Paid with Extension (Line 15G)	12	N
IRS 0475 LA	Numeric Field 26 Total Refundable Credits and Payments (Line 15H)	12	N
IRS 0480 LA	Numeric Field 27 Overpayment (Line 16)	12	N

IRS 0485 LA	Numeric Field 28 Amount of Line 16 Contributed to Military Family Assistance Fund (Line 17A)	12	N
IRS 0490 LA	Numeric Field 29 Total Schedule D Donations (Line 17B)	12	N Same as Schedule D-NR, Line 6
IRS 0495 LA	Numeric Field 30 Amount Contributed START (Line 17C)	12	N
IRS 0500 LA	Numeric Field 31 Amount Credited to 2007 Income Tax (Line 17D)	12	N
IRS 0505 LA	Numeric Field 32 Subtotal (Add Line 17A through Line 17D) (Line 18)	12	N
IRS 0510 LA	Numeric Field 33 Amount Refunded (Line 19)	12	N
IRS 0515 LA	Numeric Field 34 Amount You Owe (Line 20)	12	N
IRS 0520 LA	Numeric Field 35 Additional Donation to Military Family Assistance Fund (Line 21)	12	N
IRS 0525 LA	Numeric Field 36 Interest (Line 22)	12	N
IRS 0530 LA	Numeric Field 37 Delinquent Filing Penalty (Line 23)	12	N
IRS 0535 LA	Numeric Field 38 Delinquent Payment Penalty (Line 24)	12	N
IRS 0540 LA	Numeric Field 39 Underpayment Penalty (Line 25)	12	N Same as Form R-210NR, Line 19
IRS 0545 LA	Numeric Field 40 Balance Due (Line 26)	12	N
IRS 0550 LA	Numeric Field 41 Wildlife Habitat Natural Heritage Trust Fund (Schedule D-NR, Line 1)	12	N
IRS 0555 LA	Numeric Field 42 Louisiana Cancer Trust Fund (Schedule D-NR, Line 2)	12	N

IRS 0560 LA	Numeric Field 43 Louisiana Animal Welfare (Schedule D-NR, Line 3)	12	N
IRS 0565 LA	Numeric Field 44 Louisiana Housing Trust Fund (Schedule D-NR, Line 4)	12	N
IRS 0570 LA	Numeric Field 45 Primary Health Care Fund (Schedule D-NR, Line 5)	12	N
IRS 0575 LA	Numeric Field 46 Inventory Tax Credit (Schedule F-NR, Line 1)	12	N
IRS 0580 LA	Numeric Field 47 Total Number with Disabilities (Schedule G-NR, Line 1D)	12	N
IRS 0585 LA	Numeric Field 48 Total Amount for Disabilities (Schedule G-NR, Line 1E)	12	N Amount must be zero, or in multiples of \$100. Only one credit is allowed per disabled person
IRS 0590 LA	Numeric Field 49 Federal Special Allowable Credit (Schedule G-NR, Line 3A)	12	N
IRS 0595 LA	Numeric Field 50 Louisiana Special Allowable Credit (Schedule G-NR, Line 3B)	12	N Amount cannot exceed \$25
IRS 0600 LA	Numeric Field 51 Education Credit - Code 099 (Schedule G-NR, Line 5)	12	N \$25 per dependent child
IRS 0605 LA	Numeric Field 52 Federal Adjusted Gross Income (FITDC Worksheet, Line 1A & 1B)	12	N
IRS 0610 LA	Numeric Field 53 Federal Itemized Deduction (FITDC Worksheet, Line 2A)	12	N Same as Schedule H-NR, Line 1
IRS 0615 LA	Numeric Field 54 Casualty loss associated with hurricanes (FITDC Worksheet, Line 2B, #2)	12	N
IRS 0620 LA	Numeric Field 55 Greater of Adjusted Itemized Deduction or Federal Standard Deduction (FITDC Worksheet, Line 2B)	12	N Same as Schedule H-NR, Line 2
IRS 0625 LA	Numeric Field 56 Form 1040, Line 41 (FITDC Worksheet, Line 3A)	12	N

IRS 0630 LA	Numeric Field 57 Form 1040, Line 42 (FITDC Worksheet, Line 4A & 4B)	12	N
IRS 0635 LA	Numeric Field 58 Form 1040, Line 43 (FITDC Worksheet, Line 5A)	12	N Same as Schedule H-NR, Line 3
IRS 0640 LA	Numeric Field 59 Form 1040, Line 44 (FITDC Worksheet, Line 6A)	12	N
IRS 0645 LA	Numeric Field 60 Amount of Federal Income Tax (FITDC Worksheet, Line 6B)	12	N
IRS 0650 LA	Numeric Field 61 Form 1040, Line 45 (FITDC Worksheet, Line 7A)	12	N
<b>IRS 0655 LA</b>	<b>Numeric Field 62 Form 1040, Line 45 or Recomputed AMT (FITDC Worksheet, Line 7B)</b>	<b>12</b>	<b>N Same as Schedule H-NR, Line 4</b>
IRS 0660 LA	Numeric Field 63 Form 1040, Line 46 (FITDC Worksheet, Line 8A)	12	N Same as Schedule H-NR, Line 5
IRS 0665 LA	Numeric Field 64 Form 1040, Line 56 (FITDC Worksheet, Line 9A & 9B)	12	N Same as Schedule H-NR, Line 6
IRS 0670 LA	Numeric Field 65 Form 1040, Line 57 (FITDC Worksheet, Line 10A)	12	N
<b>IRS 0675 LA</b>	<b>Numeric Field 66 Subtract Line 9B from Line 8B Or Line 57 from Federal 1040 (FITDC Worksheet, Line 10B)</b>	<b>12</b>	<b>N</b>
IRS 0680 LA	Numeric Field 67 Amount of Federal Disaster Relief Credits (FITDC Worksheet, Line 11)	12	N Same as Schedule H-NR, Line 7
<b>IRS 0685 LA</b>	<b>Numeric Field 68 Care Provider's Zip Code - 1 (Refundable Child Care Credit Worksheet, Line B)</b>	<b>12</b>	<b>N Length = 9</b>
<b>IRS 0690 LA</b>	<b>Numeric Field 69 Care Provider's SSN or EIN - 1 (Refundable Child Care Credit Worksheet, Line C)</b>	<b>12</b>	<b>N Length = 9</b>

IRS 0695 LA	Numeric Field 70 Amt Paid the Care Provider - 1 (Refundable Child Care Credit Worksheet, Line D)	12	N
IRS 0700 LA	Numeric Field 71 Care Provider's Zip Code - 2 (Refundable Child Care Credit Worksheet, Line B)	12	N Length = 9
IRS 0705 LA	Numeric Field 72 Care Provider's SSN or EIN - 2 (Refundable Child Care Credit Worksheet, Line C)	12	N Length = 9
IRS 0710 LA	Numeric Field 73 Amt Paid the Care Provider - 2 (Refundable Child Care Credit Worksheet, Line D)	12	N
IRS 0715 LA	Numeric Field 74 Qualifying person's SSN - 1 (Refundable Child Care Credit Worksheet, Line F)	12	N Length = 9
IRS 0720 LA	Numeric Field 75 Qualified expenses paid for person - 1 (Refundable Child Care Credit Worksheet, Line G)	12	N
IRS 0725 LA	Numeric Field 76 Qualifying person's SSN - 2 (Refundable Child Care Credit Worksheet, Line F)	12	N Length = 9
IRS 0730 LA	Numeric Field 77 Qualified expenses paid for person - 2 (Refundable Child Care Credit Worksheet, Line G)	12	N
IRS 0735 LA	Numeric Field 78 Qualifying person's SSN - 3 (Refundable Child Care Credit Worksheet, Line F)	12	N Length = 9
IRS 0740 LA	Numeric Field 79 Qualified expenses paid for person - 3 (Refundable Child Care Credit Worksheet, Line G)	12	N
IRS 0745 LA	Numeric Field 80 NO ENTRY	12	N No Entry
IRS 0750 LA	Numeric Field 81 NO ENTRY	12	N No Entry

<b>IRS 0755 LA</b>	<b>Numeric Field 82 Taxpayer Earned Income (Refundable Child Care Credit Worksheet, Line 4)</b>	<b>12</b>	<b>N</b>
<b>IRS 0760 LA</b>	<b>Numeric Field 83 Spouse Earned Income if MFJ (Refundable Child Care Credit Worksheet, Line 5)</b>	<b>12</b>	<b>N</b>
IRS 0765 LA	Numeric Field 84 Exception for Period Period 1	12	N " 2" = Exception 2 " 3" = Exception 3 " 4" = Exception 4 " 5" = Exception 5
IRS 0770 LA	Numeric Field 85 Exception for Period Period 2	12	N Values: " 2,3,4,or 5"
IRS 0775 LA	Numeric Field 86 Exception for Period Period 3	12	N Values: " 2,3,4,or 5"
IRS 0780 LA	Numeric Field 87 Exception for Period Period 4	12	N Values: " 2,3,or 5"
<b>IRS 0785 LA</b>	<b>Numeric Field 88 Amount of Insurance Assessment Refund (Schedule F-NR, Line9)</b>	<b>12</b>	<b>N</b>
IRS 0790 Thru IRS 0925	Numeric Field 89 Through Numeric Field 116	12	N
	Record Terminus	1	Value "#"

(Note: All Changes Are Marked with Vertical Lines " | ")

(Note: All LA Numeric Fields: If less than zero, enter zero)

**\*Refundable Child Care Credit Worksheet – will allow more than 2 Care Providers and 3 qualified dependents only if can take the Federal Child Care Credit**

**\*\*FITDC – Federal Income Tax Deduction Computation Worksheet**

**\*\*\*Total Taxpayer Retirement Income -** Print pension and annuity income you received and reported on federal Form 1040, Lines 15b and 16b, OR federal Form 1040A, Lines 11b and 12b)

**\*\*\*Total Spouse Retirement Income -** Print pension and annuity income your spouse received and reported on federal Form 1040, Lines 15b and 16b, OR federal Form 1040A, Lines 11b and 12b)